

FEDERAL BUREAU OF VITAL STATISTICS  
National Office of Vital Statistics  
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34619  
State File No. 8907  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3011a Clark Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Johnnie Beatrice Rochester

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Rochester 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased March 6, 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 7 5 hr. min.

9. Birthplace Memphis, Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name George Toney  
13. Birthplace Ala.  
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Eldridge  
15. Birthplace Mediaville, Ala.  
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Johnson  
(b) Address 3011a Clark Avenue

17. (a) Burial (b) Date thereof 10/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Boulevard

19. (a) OCT 14, 1948 (b) J. B. Laster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3011a Clark Avenue  
(If rural, give location)  
(e) Yes of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11  
year 1948 hour 5 minute 108 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Cervical thrombosis

Due to \_\_\_\_\_

Other conditions r 7/14  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Chas. C. Taylor (If by other \_\_\_\_\_)

Address \_\_\_\_\_ Date signed 10/14/48

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Wm. M. Brown, Jr., Registered Apprentice No. 272  
working under my personal supervision.

Signed Clark Mason

Licensed Embalmer No. 3371

P. O. Address. St. Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**